daltile™

DAL-TILE CORPORATION

675 Melanie Lane
Lewisport, KY 42351
(270) 295-3411

Sept 11, 2009

Erich Cleaver
Surface Water Permits Branch
Department of Environmental Protection
Division of Water
200 Fair Oaks Lane, Fourth Floor
Frankfort, KY 40601

RE: KPDES Water Permit KY 0023281
AI ID 1623
KPDES application NOD

Dear Mr. Cleaver:

This letter is in response to your NOD letter of September 4, 2009 and our discussion on September 11, 2009. In your NOD, you indicated we have not provided some of the pollutant analysis in Section VII of Form F for outfall 2, and on Form SC had not provided the Treatment Component in Section IV. Per our discussion we offer the following explanation and revision.

> The instructions for Form F, Section VII, require that a sample be collected during the first 30 minutes of the discharge. This outfall has not had any discharge in over 18 months, so no representative sample can be taken, and there are no results to report. Nor can we take a representative sample to generate results for this application. The two pollutants that had values reported, oil and grease and TSS, were from samples taken two years ago.
>
> On Form SC, Section IV, the term "activated sludge" was added under List Treatment Components. A revised Form SC is attached.

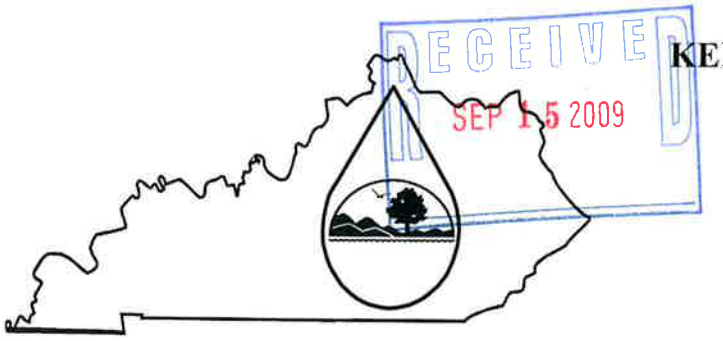
If you need additional information, please feel free to contact either Mr. Steve Willis, Sr. EHS Engineer, at phone 214-309-4347, email at steve_willis@mohawkind.com or myself.

Sincerely yours,

Charles C. LaHugh

Charles LaHugh
Plant Manager

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Dal-Tile Lewisport Manufacturing Plant

I. FACILITY DISCHARGE FREQUENCY | AGENCY USE

A. Do discharge(s) occur all year? Yes X No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? 7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions): AER-FLO Sewage Treatment Plant 0.007 MGD Is used for sanitary sewage only

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: 0.007 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	55	41	86	54	21	Ohio river

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.): Digital aerial photo

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary sewer	1500 gpd	Activated sludge	3A

V. Check the type(s) of wastewater discharged.

X Domestic (60% or more sanitary sewage) ☐ Oil field waste

☐ Noncontact cooling water ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? X **Yes** **No**

VII. Discharge to other than surface waters. Check appropriate location:

☐ Publicly-owned lake or impoundment Name of lake:

☐ Publicly-owned treatment works (POTW). Name of POTW:

☐ Land application of Effluent

☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well

☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

☐	Antimony		☐	Copper		☐	Silver	
☐	Arsenic		☐	Lead		☐	Thallium	
☐	Beryllium		☐	Mercury		☐	Zinc	
☐	Cadmium		☐	Nickel		☐		
☐	Chromium		☐	Selenium		☐		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)		
Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)	
NAME	**ACTUAL POPULATION SERVED**
Office and plant facilities	100
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5	<4	<4	1
TOTAL SUSPENDED SOLIDS	3	3	1
FECAL COLIFORM	4	2	2
TOTAL RESIDUAL CHLORINE	1.87	1.87	1
OIL AND GREASE	<1.4	<1.4	1
CHEMICAL OXYGEN DEMAND	20	20	1
TOTAL ORGANIC CARBON	4.95	4.95	1
AMMONIA	<0.1	<0.1	2
DISCHARGE FLOW	1440 gpd	1440 gpd	1
pH	6.5	6.3	2
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	21.7 C	21.7 C	1

B. Frequency and duration of flow:	Daily, 12-hours per day

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
(X) Mr. ☐ Ms. ☐ Charles LaHugh, Plant Manager	270 295 3411
SIGNATURE: Charles C LaHugh	DATE: 09-11-2009